



MEDICAL MUTUAL®

INFORMATION

January, 2015

2015 Quality Improvement Program Description

2015 QUALITY IMPROVEMENT PROGRAM DESCRIPTION

I. Overview

Medical Mutual of Ohio and its subsidiaries (health plans) has an ongoing Quality Improvement (QI) Program, which is a corporate-wide, comprehensive and integrated system to:

- Improve both service and access to our members through ongoing programs to educate and communicate with members and providers
- Monitor and evaluate the quality and safety of healthcare rendered to members enrolled in its product family
- Maintain Company-wide commitment to healthcare best practices and compliance with nationally recognized accreditation standards and those published by the Centers for Medicare and Medicaid (CMS), the Affordable Care Act (ACA) State and/or Federal regulator
- Ensure that the QI Program Description reflects collaboration and direct lines of communication within the entire corporate structure, as well as providing a description of the QI Program's scope, structure, purpose, policies and procedures for all health plans
- Incorporate newly emerging products into all existing quality improvement programs and interventions, accreditation activities and performance measurements, which includes:
 - Commercial (HMO/POS/PPO/Off Public Marketplace Gold, Silver and Bronze Plans)
 - On Marketplace Plans (On Marketplace Gold and Silver Plans)
 - Medicare Advantage (MedMutual Advantage and MedAdvantage) beginning in 2016

II. Scope of Program

The QI Program oversees all aspects of clinical care and service provided to all Medical Mutual members, and is annually reviewed and revised to remain responsive to the changing requirements of the dynamic healthcare environment. Participation in the QI Program is required of all network providers who are contracted to deliver medical care to our members. Currently, we delegate responsibility to the following external vendors:

- Alere Health Improvement Company
 - Administers the Disease and Maternity Management program
 - Administers the Lifestyle Coaching Program
- Express Scripts for prescription drug administration including appeals, formulary development and prescription drug clinical programs
- Care Continuum for medical drug prior authorizations including denials

All other aspects of quality improvement remain with the Company, along with oversight of the delegated vendor's quality improvement program.

The QI Program is concerned with continual improvement in clinical care performance, including acute and chronic disease states, complex case management, high-risk conditions, high volume care, inpatient care, ambulatory care and preventive healthcare for all of our members. Clinical aspects of the QI Program involve Corporate Medical Policy (CMP) that reflect evidence-based medicine and/or clinical practice guidelines from nationally recognized, peer-reviewed organizations. The Company utilizes sources such as, but not limited to; the Centers for Disease Control and Prevention (CDC), the U.S. Preventive Services Task Force (USPSTF or Task Force), *Quality Compass*, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the Healthcare Effectiveness Data and Information Set (HEDIS®) measures when considering clinical studies, monitoring progress and measurement strategies.

QI Program clinical studies and interventions are geared toward analysis and evaluation of population demographics such as chronic illness, risk status, age groups, health literacy, English proficiency and cultural (ethnic) backgrounds. (See Appendix A: Cultural Competence Process Overview) Ongoing and systematic monitoring of the quality of care and service to members is essential to maintaining cost effective utilization of healthcare resources, which include addressing activities not only related to QI, but including Utilization Management (UM), Member Rights and Responsibilities, Member Experience, Customer Care Center, Clinical Credentialing, Medical Policy and Pharmacy Benefit Management (PBM) Quality Management.

The Company's overall goal is to meet identified needs of our membership population. The QI Program utilizes the Cultural Competence report to help monitor the cultural and linguistic needs of our membership in Ohio. The objectives of Cultural Competence are to identify and reduce healthcare disparities, provide available appropriate provider support, address the needs of our members with vision and hearing impairments and provide threshold language documentation and translation services to our members.

Members with one or more complex health issues are identified for specific activities to better coordinate care and services by coordination of activities within multiple Care Management departments and facilitation of communication between all the member's healthcare providers. Medical Mutual comprehensively addresses the needs of our members with the following complex health issues:

- Developmental disabilities
- Chronic conditions
- Physical disabilities
- Severe mental illnesses

(See Appendix B: Management of Members with Complex Healthcare Needs)

Analysis of the QI Program and Work Plan against its goals includes identification of barriers to improvement, developing and implementing initiatives to overcome the barriers identified. Once identified, barriers to achieving program goals during the review period are organized into four categories: Member barriers, Provider barriers, System barriers, and Disease/Chronic Condition barriers.

The QI Program has evolved into an outcome-oriented program. Staff and physician reviewers actively participate and incorporate information obtained through various sources into the Program. The Service Quality Improvement Committee (SQIC) maintains responsibility for the integration of all service-related QI initiatives and reports to the Clinical Quality Improvement Committee (CQIC). The QI Program includes the following service performance objectives:

- Monitor and improve member and provider satisfaction
- Increase and maintain accessibility and availability of healthcare providers
- Adjudicate claims timely and accurately
- Timely response to member inquiries, complaints and appeals

Medical Mutual is committed to ensuring the appropriate utilization of care and service provided to all members. To ensure this commitment, Medical Mutual has implemented an electronic affirmation process for all employees, and consultants, involved in utilization management decisions that affirm their understanding of affirms their understanding of the following:

- Utilization management decisions are based only on the appropriate use of care and services for the member.
- Medical Mutual does not directly or indirectly reward or incent providers or any other individuals participating in utilization management decisions for denying or limiting coverage or service.

- Medical Mutual does not provide financial incentives for utilization management decisions that result in the underutilization of care or service.

III. Goals

QI Program goals include the following:

- Uphold established standards and guidelines to ensure appropriate and optimal availability, accessibility and continuity of care for our members.
- Continue to establish effective, long-term relationships with providers by securing input regarding quality initiative program design and operations, maintaining open lines of communication and providing feedback pertaining to individual and product-wide performance.
- Monitor member, provider and client satisfaction to identify potential concerns and opportunities for improvement.
- Work toward meeting our members' culturally diverse and linguistic needs by evaluating special needs identified in our Cultural Competence Report.
- Serve members with complex health needs through targeted interventions and programs.
- Educate members on product benefit design, operational policies and health plan procedures by adapting and improving the manner in which information is best disseminated to members.
- Provide members and providers easy to read and access, web-based information and tools to promote and enhance services and clinical care.
- Ensure that adequate and appropriate resources are available to maintain and enrich the ongoing QI Program.

IV. Objectives

QI Program objectives include the following:

- Adopt evidence-based clinical practice guidelines from nationally recognized sources and:
 - Use them to monitor and enhance the Medical Mutual Disease and Maternity Management program and Behavioral Health strategies
 - Make them available to network providers via postings on the Company's website
 - Measure performance against guideline recommendations when indicated
- Promote the delivery of preventive health services through targeted member education encouraging utilization of such services and by communicating member care gaps to network providers.
- Use analysis of data collected from the Healthcare Effectiveness Data and Information set (HEDIS), the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, internally developed performance measurement studies and the annual Provider Satisfaction Survey to identify opportunities for improvement in access and healthcare management services.
- Promote the implementation of wellness programs for employer groups, members and employees.
- Encourage joint action with our network providers and facilities in addressing patient safety issues and utilize feedback regarding delivery of care to evaluate and improve the manner in which care is rendered.
- Continue to improve upon the core service functions of timely and accurate adjudication of claims and response to written correspondence, email and telephone calls.
- Provide members with their rights and responsibilities, including how to appeal a decision or obtain healthcare services, while educating network providers regarding member rights and responsibilities

- Monitor and analyze member utilization of services to ensure the identification of areas where over and/or underutilization of services may be occurring, so that appropriate action/interventions can be initiated.
- Leverage standards published by national accreditation bodies to continually enhance the QI Program.
- Conduct annual review and evaluation of quality and performance improvement projects and interventions through the use of the Quality Improvement Activity (QIA) and/or Quality Improvement Project (QIP) process, which includes:
 - Rationale for Activity/Measurement Selection
 - Quantifiable Measures
 - Analysis Cycle/Measurement Period
 - Qualitative and Barrier Analysis (member, provider, system)
 - Interventions
- Develop and implement a Medicare Advantage plan that focuses on members with chronic and or comorbid conditions, including identification of the target population and monitoring interventions for effectiveness and improved satisfaction.
- Ensure that diverse linguistic and cultural member needs are met through annual evaluation and monitoring of member communications, complaints and identified opportunities for improvement.

V. Member Safety Monitoring Activities

The Company is committed to a comprehensive patient safety program to afford our members a provider network that consistently demonstrates safe healthcare practices. Our program employs a team approach to identify, trend and address quality and safety issues.

The Clinical Quality Improvement (CQI) Committee, under the leadership of the Chief Medical Officer oversees the Patient Safety Program, a component of the QI Program. The Committee is made up of practicing physicians of various specialties, and is responsible for the investigation of all potential breaches of quality or safety during medical care. Components of the QI Program specifically directed toward safety include:

- Ensuring that network providers possess appropriate credentials and are monitored for disciplinary actions that might incur the loss of network participation
- Care Management activities, including concurrent review, that can monitor potential safety issues and potential over and/or underutilization situations
- Routine Case Management safety assessments
- Recommended use of Centers of Excellence programs
- Continuity and Coordination of Care activities to ensure appropriate care at transitions to and from appropriate levels of healthcare
- Adherence to the Cultural Competency Program
- Focused studies of clinical care and service
- Hospital-incurred injuries and/or adverse occurrence tracking
- Inpatient mortality monitoring and analysis
- Investigation of member and provider complaints
- Member and provider communications regarding safety education
- Review of provider office safety, where indicated
- Participation in the NCQA Physician Recognition Programs
- Prescription medication monitoring
- Serious Reportable Event (SRE) monitoring

The Company is committed to promoting the safety of all members. Activities are designed to reduce medical errors and hazardous conditions by utilizing models of continuous quality improvement to support an organization-wide safety climate as part of an ongoing, proactive effort in response to actual occurrences.

The Company's leadership, through the CQI Committee, promotes an organization-wide safety climate that:

- Encourages recognition and immediate referral of potential or actual risks to member safety, as well as suspected or actual medical errors
- Initiates/monitors actions to reduce these risks/errors
- Internally reports findings and actions taken, if applicable
- Educates staff and delegates to assure that all members of the team participate in the program
- Assures that members and providers are educated about pertinent safety topics

Member Safety monitoring activities and outcomes are presented to the CQI Committee via the annual Member Safety Executive Summary for review, analysis and recommendations. (See Appendix C: 2014 Patient Safety Program and Plan.)

VI. Oversight of Program

A. Corporate Structure

On behalf of the Board of Trustees, Medical Mutual President, Chairman and CEO, delegates ongoing oversight of the Company's accreditation activities, including quality initiatives, to the CQI Committee, under the aegis of the Chief Medical Officer (CMO).

The CMO is responsible for the design and implementation of the QI Program. The CMO chairs the CQI Committee, and, in addition to his role in clinical QI activities, is involved with the development, adoption, revision and distribution of specific QI initiatives. He works to identify and measure clinical improvements and acts as the communications conduit to the provider community. Throughout the course of his work, he provides advice and consultation to assist with the management of all care and quality improvement initiatives to assure that organizational goals are met.

The Chief Medical Advisor (CMA) of Behavioral Health is responsible for developing, maintaining, and advancing all Behavioral Health QI initiatives, policy and patient care activities. In addition, the CMA of Behavioral Health is responsible for ensuring quality improvement activities are in accordance with all policies and directives issued by the CMO and the CQI and Behavioral Health Committees. Further responsibilities include the direction, planning and coordination of all Care Management functions pertaining to Behavioral Health, including QI, UM, Credentialing and Case Management. The incumbent is also responsible for assisting the CMO in all accreditation efforts. This position reports directly to the CMO, chairs the Behavioral Health Committee and serves as a member of the CQI and Credentialing Committees.

Eight committees support the QI Program and seven report to the CQI committee. (See Appendix D: Committee Organizational Structure) The structure and need for each committee has been developed based on the ability of the QI Program to functionally operate within the Company.

Each committee may call special meetings on an ad hoc basis. A chairperson has been identified for each committee, who is responsible for leading the meeting, developing agendas and maintaining the minutes. The committee minutes list attendees, issues presented, key points of discussion, committee recommendations and decision-making, planned actions and assigning appropriate responsibility for each agenda item requiring communication, recommendation, action or follow-up. The following are the eight committees supporting the QI Program:

- Clinical Quality Improvement Committee
- Behavioral Health Committee

- Care Management Committee
- Credentialing Committee
- Disease Management, Wellness and Health Promotion Committee
- Medical Policy Committee
- Pharmacy Quality Management Committee
- Service Quality Improvement Committee

The CMO serves as a member of all committees except the Disease Management, Wellness and Health Promotion and Service Quality Improvement Committees, where he is welcome to attend as a guest. Minutes from all committees supporting the QI Program are presented to the CQI Committee for approval when approved and signed by the committee chairman. Delegation oversight of the DM Program vendor resides with the Disease Management, Wellness and Health Promotion Committee, oversight of the Provider Delegated Groups resides with the Credentialing Committee and oversight of the PBM and Medical Drug Program resides with the Pharmacy Quality Management Committee.

B. Committee Structure

1. Clinical Quality Improvement Committee:

The CQI Committee, under the direction of the CMO, provides oversight of the QI Program through its involvement in the design, implementation and ongoing evaluation of the organizations clinical functions. The Committee fulfills this responsibility by performing the following activities:

- Identify and direct the development of QI activities to promote continuous improvement in the quality of care, safety and services provided to all members,
- Examine and modify, if needed, the QI Program Description, Annual QI Work Plan and Annual QI Program Evaluation
- Provide recommendations and assistance with QI initiative barrier analyses, priorities, goals and ongoing monitoring
- Evaluate, investigate and recommend/coordinate implementation of remedial action for clinical quality of care issues
- Ensure that QI activities are coordinated and communicated corporately

The Committee, which meets a minimum of six times per year, is comprised of practicing physicians of various specialties, members of each committee that reports to the CQI Committee and members of the CQI department. Members from other departments and divisions within the Company attend the CQI Committee on an ad hoc basis.

2. Behavioral Health Committee:

The Behavioral Health Committee, under the direction of the CMA, provides leadership and guidance regarding the development, implementation, and monitoring of behavioral health services, policies, and procedures. Committee responsibilities include the following:

- Evaluate the annual Quality Improvement (QI) Work Plan as it relates to Behavioral Health Services
- Identify needs, provide recommendations and assist with QI initiatives based upon key clinical indicators and monitor the effectiveness of established interventions
- Review utilization management activities, member/provider complaints or appeals (e.g., criteria for medical necessity, clinical appropriateness), monitor compliance with established standards and recommend corrective action plans, when appropriate
- Assist in the performance of Barrier Analyses to identify principles and methods to improve the efficacy of QI program initiatives and decrease the incidence of performance deviation and failure
- Maintain guidelines for the integration of Behavioral Health services with general medical services and monitor the effectiveness of established interventions
- Develop and review Clinical Practice Guidelines and monitor compliance with established guidelines for Behavioral Health

- Maintain guidelines regarding the development of preventive Behavioral Health services and monitor the effectiveness of established interventions
- Review and approve member educational materials and resources for Behavioral Health
- Provide oversight of delegated behavioral health entities
- Serve as a resource to the Clinical Quality Improvement, Credentialing, Medical Policy and Pharmacy Quality Management Committees and other corporate departments

The Behavioral Health Committee, which meets a minimum of nine months per year, is comprised of practicing psychiatrists, physicians, psychologists, licensed social workers and clinical nurse specialists. Members from other departments and divisions within the Company attend the CQI committee on an ad hoc basis.

3. Care Management Committee:

The Care Management Committee, under the direction of the CMA, provides clinical leadership and guidance regarding medical appropriateness and medical necessity of inpatient and outpatient health services and procedures. Committee responsibilities include the following:

- Develop, evaluate and update, as needed, new policies and clinical criteria utilized to make medical necessity determinations and establish the most appropriate setting for patient care
- Make recommendations to the CQI Committee regarding identified hospital and provider quality issues
- Discuss and make determinations on clinical issues that cannot be decided utilizing standard criteria for all Care Management department review activities
- Evaluate and consider implementation of utilization management recommendations of specialty physician reviewers
- Monitor Care Management key indicator reports to identify trends requiring action, especially as it pertains to the focused imaging review process

The Care Management Committee, which meets on a monthly basis, is comprised of practicing physicians representing a broad array of specialties and representatives of the UM, Medical Review and Case Management departments.

4. Credentialing Committee:

The Credentialing Committee, under the direction of the Chief Medical Advisor, provides valuable input to the provider and practitioner selection and credentialing maintenance process. Committee responsibilities include the following:

- Develop, reevaluate and modify network credentialing criteria, policies, procedures and office site, medical/treatment recordkeeping and documentation standards
- Review provider applicant credentials and the credentials of network providers undergoing recertification and make recommendation regarding network status
- Oversee the provider appeal and network termination process, and make recommendations regarding continued network status
- Review results of ongoing monitoring of sanctions and member complaints regarding quality of care or provider office environment involving network providers, as well as referral of potential quality issues to the CQI Committee
- Oversee the performance of organizations to which the Company has delegated credentialing activities

The Credentialing Committee, which meets on a twice-monthly basis, is comprised of practicing physicians from multiple specialties and representatives from the CQI, Provider Information, Network Management and Legal departments.

5. Disease Management, Wellness and Health Promotion Committee:

The Disease Management, Wellness and Health Promotion Committee, under the direction of the Director, Health Promotion and Quality Management is responsible for reviewing the activities of the Medical Mutual Disease Management and Maternity Program and the contract vendor to ensure adherence to accreditation standards, identify areas for opportunity in outreach mechanisms and inter-program coordination, and evaluate outcomes. The Committee responsibilities include the following:

- Performs annual oversight per accreditation requirements
- Reviews, analyzes results and provides recommendations regarding complaint tracking, monthly enrollment activities, integration of Health Promotion and Wellness activities and annual outcomes in relation to established performance standards and guarantees
- Reviews and develops mechanisms for outreach and member engagement
- Analyzes and evaluates process for member flow between Case and Disease Management

The Disease Management, Wellness and Health Promotion Committee, which meets on a quarterly basis, is comprised of representatives of the CQI, Case Management, Clinical Strategy and Business Development, Clinical Analytics and Accreditation, Disease Management, Wellness departments and the vendor Liaison, Alere Healthcare.

6. Medical Policy Committee:

The Medical Policy Committee, under the direction of the Director, Care Authorizations, provides ongoing oversight and direction of the Healthcare Technology Assessment Program including policies guiding coverage assessments pertaining to healthcare diagnostic and therapeutic technologies, pharmaceuticals, medical devices and medical/surgical/behavioral health services and procedures. The Committee responsibilities include the following:

- Determine which healthcare diagnostic and therapeutic technologies, pharmaceuticals, medical devices and medical/surgical/behavioral health services and procedures require medical policy development
- Identify novel or modified applications of established healthcare diagnostic and therapeutic technologies, pharmaceuticals, medical devices and medical/surgical/behavioral health services and procedures requiring revision of existing medical policy
- Provide recommendations, when requested, regarding inclusion of specific services in Company benefit packages
- Review, revise (as needed) and approve the Healthcare Technology Assessment Program Description annually

The Medical Policy Committee, which meets at least four times per year, is comprised of the CMO and representatives of the UM, Medical Review, Medical Policy, Financial Investigations and Benefit Services departments.

7. Pharmacy Quality Management Committee:

The Pharmacy Quality Management (PQM) Committee, under the direction of the Vice President of Pharmacy Management, provides ongoing oversight and direction to the Company's prescription drug program and drug management initiatives as it relates to clinical and quality issues. Committee responsibilities include the following:

- Assist in the development, evaluation and support of drug management initiatives such as drug utilization review, disease management and quality initiatives
- Oversee delegation of prior approvals for pharmacy and medical drugs including member/physician appeals, as well as monitoring and clinical quality direction over all pharmacy benefit and drug utilization review initiatives
- Identify opportunities to improve clinical quality and healthcare outcomes through monitoring member and provider complaints regarding pharmacy benefit and drug utilization management

- Review reports on drug utilization in accordance with acceptable medical guidelines
- Review and approve the delegated PBM's prescription drug formulary

The Pharmacy Quality Management Committee, which meets at least nine times annually, is comprised of the CMO, the CMA of Behavioral Health, the CMA, Care Management, representatives of the Clinical Strategy and Business Development, Clinical Analytics and Accreditation, Medical Policy, Pharmacy Management departments and representatives of the Pharmacy Benefit Management (PBM) and Drug Utilization Management vendors.

8. Service Quality Improvement (SQI) Committee:

The SQI Committee provides oversight of the design, implementation and ongoing evaluation of Operations activities related to compliance with all applicable accreditation standards. The applicable accreditation standards include, but are not limited to, those published by the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). Committee responsibilities include the following:

- Review and evaluate complaints, appeals and satisfaction survey results
- Monitor key Member Experience metrics and take action as needed to maintain minimum service levels
- Identify and prioritize service quality issues and opportunities
- Pursue significant and meaningful service improvement activities based upon findings
- Formulate and approve the annual service quality improvement work plan and annual evaluation
- Assure annual review and update of administrative policies and procedures in support of accreditation standards, state and federal regulations and healthcare reform

The Service Quality Improvement Committee, which meets on a quarterly basis, is comprised of representatives of the Financial Information Systems, Customer Care, Customer Experience, Clinical Compliance, Marketing Communications, Pharmacy Services, Clinical Analytics and Accreditation and Care Management departments.

VII. Corporate Resources

Physician and clinical committee members are comprised of practicing participating providers including, but not limited to, the following specialties:

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| • Addiction Medicine | • Neurology |
| • Cardiology | • OB/GYN |
| • Cardiothoracic Surgery | • Orthopedics |
| • Clinical Nurse Specialist, Behavioral Health | • Otolaryngology |
| • Colorectal Surgery | • Pediatrics |
| • Critical Care | • PharmD |
| • Ear, Nose and Throat | • Physical Therapy/Rehabilitation |
| • Epidemiology and Biostatistics | • Plastic and Reconstructive Surgery |
| • Family Medicine | • Podiatry |
| • General and Child Psychology | • Psychiatry |
| • General Medicine | • Psychology |
| • General Surgery | • Pulmonary Medicine |
| • Infectious Disease | • Rheumatology |
| • Internal Medicine | • Urology |
| • Licensed Independent Social Worker | |

The Company has dedicated substantial investment and resources to the development and implementation of tools to promote high quality services to our members:

- The Symmetry application uses membership, provider, and medical and drug claims data to group claims into episodes of care. These episodes are defined as Episode Treatment Groups (ETGs) that represent a homogeneous unit of care. Additionally, Episode Risk Group (ERG) and Pharmacy Risk Group (PRG) scores are derived. These risk scores are a measure of the relative resources expected to be used for medical care and produced on an individual member level.
- The Impact Pro reporting system application is a tool that allows an easy view of member level detail including risk score, expected costs, and likelihood of utilization events such as inpatient admissions. Also, individual patient information at both a summary and detail level is available to identify opportunities where care services are needed, provide prescription and lab values where available, and where future utilization might be expected to occur.
- The Company, in conjunction with Healthwise and EMMI, offers members access to a vast and comprehensive database of clinical information and interactive tools via our website. The Company, in conjunction with Alere Health Improvement Company, offers members with the appropriate benefit level, 24 hours a day, 7 days a week access to the Medical Mutual Nurse Line for telephone counseling with a registered nurse who provides guidance and answers to healthcare questions.

Staffing resources utilized to support the corporate QI Program include, but are not limited to, the following:

- Vice President, Pharmacy, Quality and Strategic Initiatives
- Vice President, Operations
- Vice President, Clinical Care Management
- Director, Comprehensive Care
- Director, Accreditation and Clinical Strategy
- Director, Health Promotion and Quality Management
- Manager, Clinical Systems
- Manager, Correspondence
- Manager, Member Appeals
- Manager, Clinical Quality Improvement
- Clinical Quality Improvement Analysts
- Clinical Quality Nurse Reviewers
- Clinical Analytics & Accreditation Analysts
- Statistical Data Analysts
- Wellness Coordinators

Other Resources

As with any mature QI Program, quality improvement is integrated throughout the organization. In addition to the resources listed above, the following departments provide expertise and guidance to ongoing QI initiatives through formal committee participation, as well as day-to-day contributions:

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| • Benefit Services | • Market Research and Planning |
| • Care Management | • Member Appeals |
| • Corporate Communications | • Membership |
| • Corporate Legal department | • Operations Training and Quality |
| • Corporate Planning | • Pharmacy Benefit Management |
| • Health Informatics | |

VIII. Confidentiality

Information generated as a result of the Company's QI Program is strictly confidential and is to be accessed only by those with authority and as required by certain governmental agencies. QI activities are conducted in a manner that protects the confidentiality of the member and provider. Methods to assure confidentiality of information include:

- Implementation of corporate and departmental confidentiality policies in accordance with accreditation standards and state and federal laws and regulations
- Confidentiality Agreements are required for all Company employees (including temporary employees, interns, and co-ops), consultants and members of the CQI and supporting committees
- Confidentiality provisions or requirements are included in provider contracts
- Physical access security, including key card entrances to all doors
- Maintenance of confidential hardcopy documents in locked files
- Comprehensive levels of security clearance for access to patient information housed in the Focus Manager System as well as other data collection and claims processing systems within the Company
- Protection of the identity of involved individuals in the performance of QI activities except when identification is necessary; member consent is then obtained before proceeding

IX. Quality Improvement Program Activities and Evaluation

The QI Program strives to improve the quality of clinical care and service provided to members. Results of QI reviews, studies and surveys are shared with providers and, when appropriate, with members. Components of the QI Program include:

- Care Management Activities (Utilization Management, Case Management, Disease Management Programs, Medical Review, Pharmacy Management and Wellness)
- Credentialing Activities
- Preventive Care Services Review
- Serious Reportable Events Tracking
- Member Safety Monitoring and Activities
- Focused Studies of Clinical Care and Service
- Health Promotion Activities
- Serving Members with Complex Health Needs
- Clinical Practice Guideline Adoption and Monitoring
- Accessibility Standards Development and Monitoring
- Network Availability Measurement and Improvement
- Member Satisfaction Measurement and Improvement
- Provider Satisfaction Measurement and Improvement
- Network Clinical and Service Issues
- Provider and Member Education
- Continuity and Coordination of Medical Care

Behavioral Health Monitoring and Activities

The Company has implemented programs designed to improve the quality of clinical care and service provided to members who demonstrate behavioral health conditions. Components of the behavioral health initiatives include, but are not limited to:

- Measurement and Improvement of Depression Management
- Continuity and Coordination of Care for Behavioral Health Specialists
- Follow up Care After Hospitalization for Mental Illness
- Provider Accessibility for Behavioral Health Specialists
- Depression Health Management Program
- Monitoring the Effectiveness of Behavioral Health Care Management Initiatives

- Measurement and Improvement of Alcohol Screening in the Physician Office Setting
- Measurement and Improvement of Attention Deficit/Hyperactivity Disorder (ADHD) Management

The QI Program has evolved over time and will continue to do so based on QI issues identified in the member population, emerging technologies and changing practice standards. To ensure that the QI Program remains dynamic and achieves its desired objectives, the program is evaluated on an annual basis and revised, if necessary. Responsibility for program evaluation rests with the Vice President, Pharmacy Management and the CMO, with input from various supporting committees.

Annually, a QI Work Plan is developed to identify the specific activities and goals for the year. Departmental accomplishments are evaluated against the Work Plan on an ongoing basis and via formal documentation at the end of each year. The evaluation facilitates organizational goal setting and activity planning for the coming year. The Director, Health Promotion and Quality Management is accountable for the QI Work Plan development and effectiveness evaluation. The work plan is updated at regular intervals throughout the year and will incorporate the following content. The 2015 QI Work Plan is included in Appendix E.

Yearly planned QI activities and objectives for improving:

- Quality of clinical care
- Safety of clinical care
- Quality of service
- Members' experience
- Time frame for each activity's completion
- Staff members responsible for each activity
- Monitoring of previously identified issues
- Evaluation of the QI program

To provide consistent standards and ongoing quality improvement, the Company also conducts an annual review of delegated vendors' quality improvement programs, work plans, outcomes and evaluations for disease management, pharmacy management and lifestyle coaching.

Members of the newly created Marketplace product are included in appropriate quality improvement activities and goals. Additionally, when the Medicare Advantage product is implemented in January 2016, Medical Mutual will also include all enrollees in appropriate quality improvement program activities and goals.

Working with the CMO, the CQI and SQI Committees help to identify clinical and service concerns/topics for focused studies and interventions. As topics are determined, staff members work with the appropriate committee to design the focused study and develop a customized approach. Clinical QI and Accreditation Analysts are dedicated to the identification of initiatives, conducting studies, subsequent analysis of findings and implementation of appropriate interventions. In addition, the CQI department receives support from statistical analysts in the Quality Systems department to ensure that appropriate methodological approaches are used in data collection for clinical statistical studies. A physician consultant, who is also an Epidemiologist and Biostatistician, reviews and oversees study design and related findings to ensure appropriate design methodology and that valid conclusions are drawn.